



Athletic Division
805 Central Avenue, Suite 800
Cincinnati, OH 45202-1947
Phone: (513)352-4020
Fax: (513)352-1605
www.cincyrec.org

Baseball Application

Please provide us with the following information:

Sport: Baseball

Division: Men

Total number of leagues you want to play in _____ (Spring/Summer)

_____ Wednesday 'Open' Division (less competitive) \$400

_____ Thursday "Major Division" \$400

_____ Friday Major Division \$400

_____ Friday 'Over 30 Major Division' \$400

_____ Sunday 'Double Header Major Division' \$800

_____ Sunday Fall 'Open Non-competitive Division' \$300

Team Name: _____

Manager: _____

Alternate Manager: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: (H) _____ (W) _____

Phone: (H) _____ (W) _____

[C] _____

[C] _____

E-Mail Address: _____

(required info)

E-Mail Address: _____

(required info)

Are you a new team or returning team? New Team: _____ Returning Team: _____ (Name if different from above) _____

Player skill level: Strong _____ Good _____ Average _____ Below Average _____

How many players played at varsity high school level or above? _____ How many play primarily for recreation? _____

Scheduling requests / remarks: _____

1st Choice

2nd Choice

3rd Choice

Day _____

Day _____

Day _____

For Office Use Only

Method of Payment: Check/M.O. # _____ Cash _____ Mastercard/Visa Approval # _____

If company check, name of company _____ Address _____

League Fee

Forfeit Fee

Tournament Fee

Deposit To: 323 x 197 x
(fund) (agency)

1760
(organization)

\$200.00

x _____
(expense)

x _____
(reporting category)

Note: Any refunds will be payable to the maker of the check.